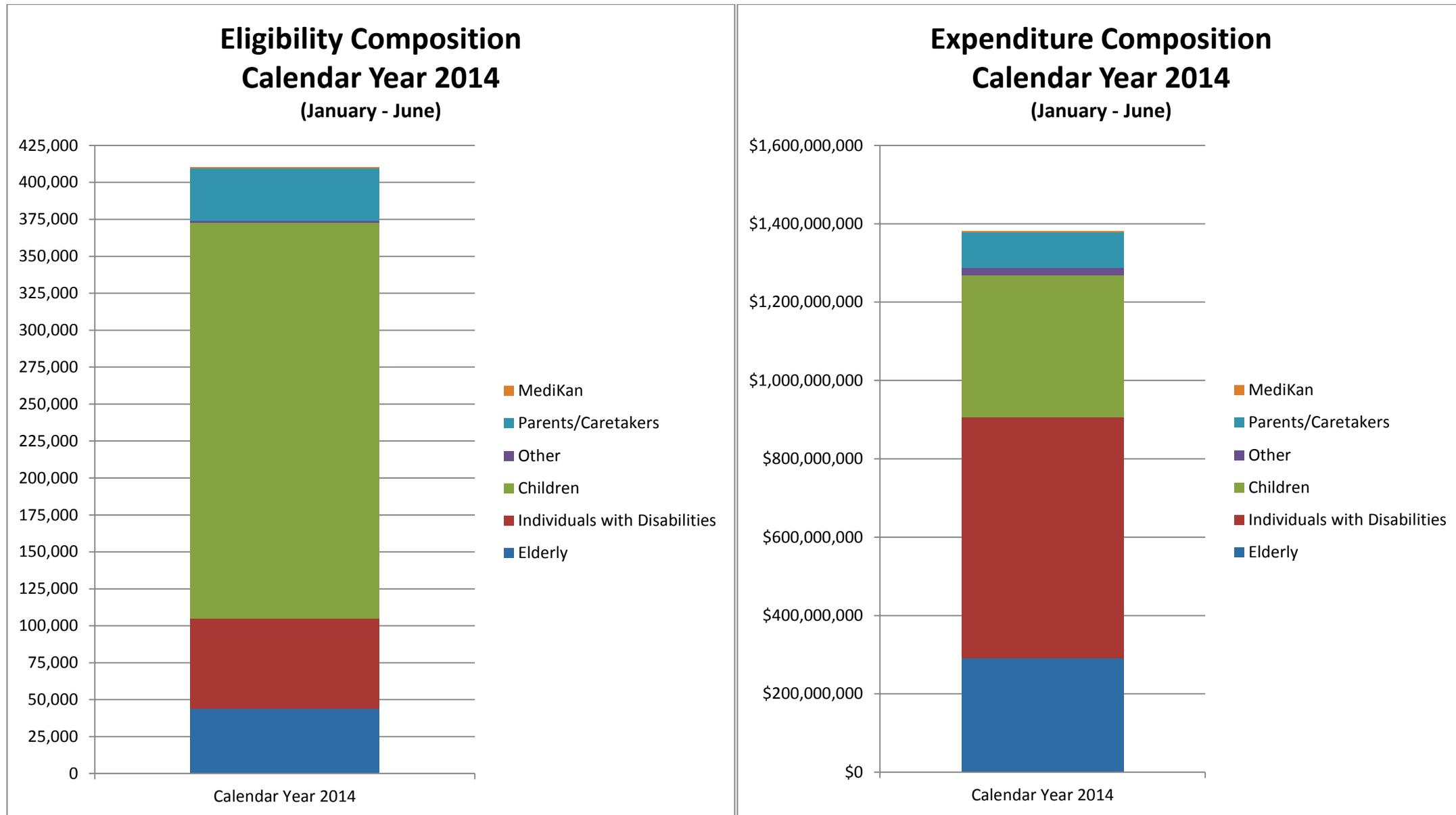




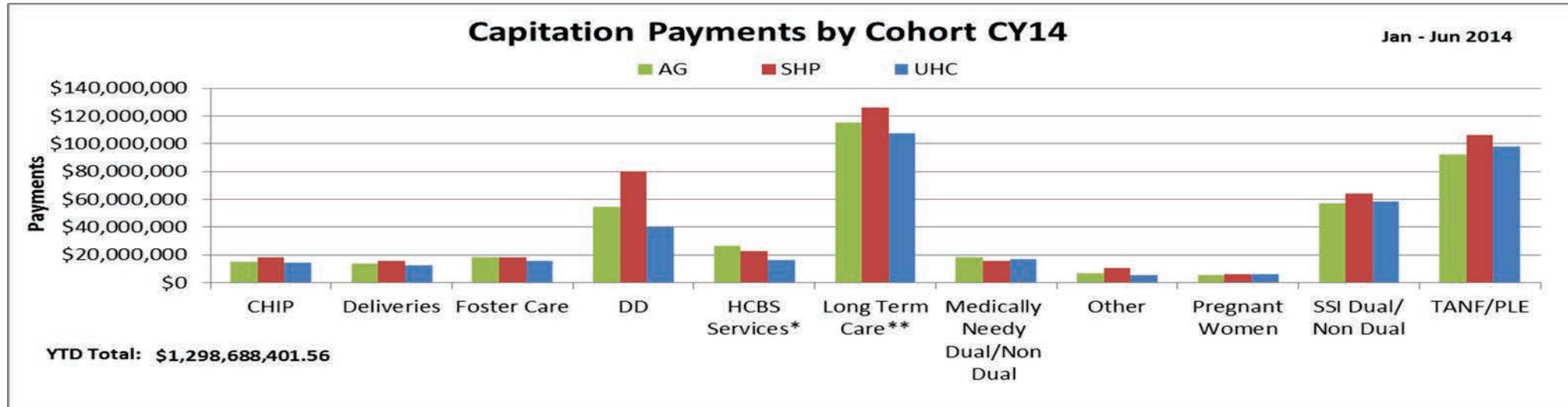
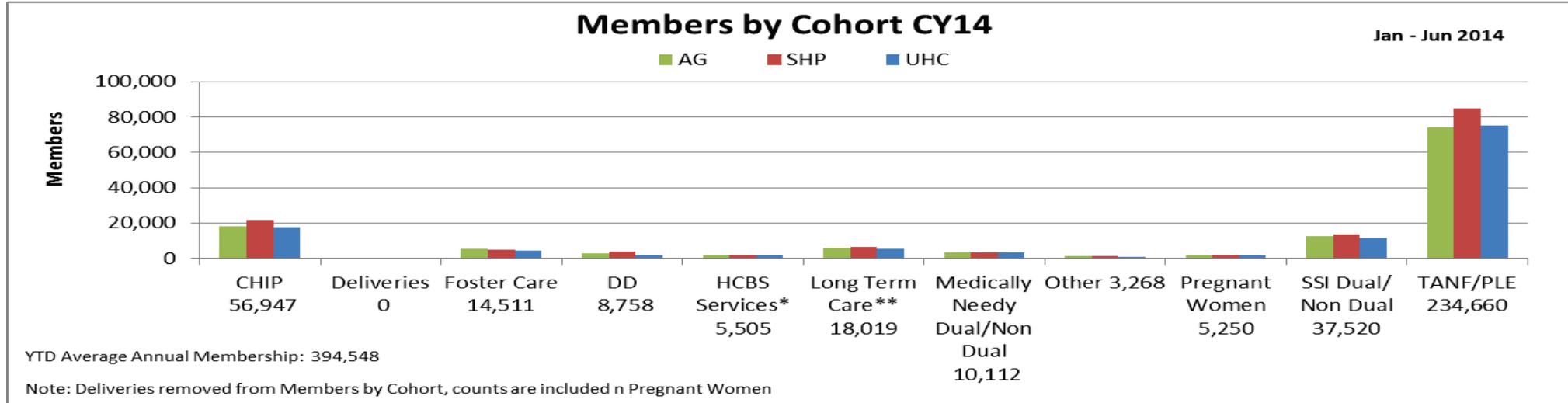
Report date: 8.1.14

# Medicaid/CHIP Member Eligibility and Expenditure Information



"Expenditure Composition" data is based on populations only. Non-claim expenditures are excluded as they are not population specific.

# KanCare Executive Financial Summary CY14

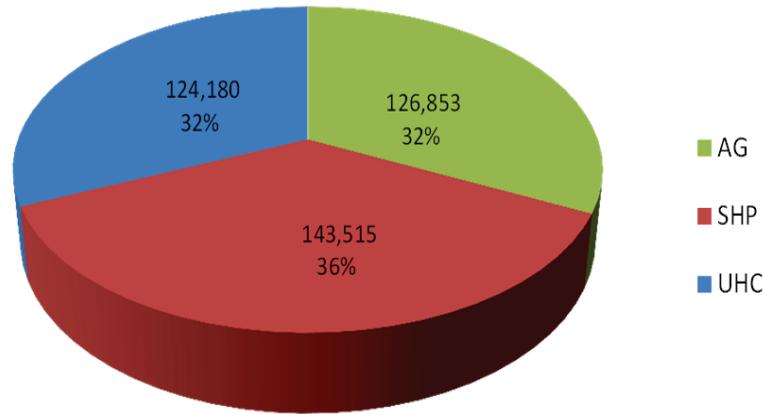


\*Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

### Average Member Counts by MCO CY14

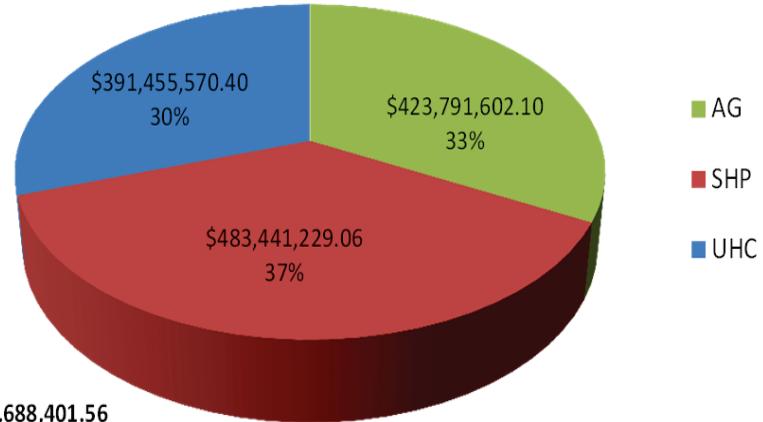
Jan - Jun 2014



Average Members: 394,548

### Capitation Payments by MCO CY14

Jan - Jun 2014



YTD Total: \$1,298,688,401.56

### Provider Network

KanCare MCO	# of Unique Providers as of 9/30/13	# of Unique Providers as of 12/31/13	# of Unique Providers as of 3/31/14	# of Unique Providers as of 6/30/14
Amerigroup	14,375	14,904	15,900	19,436
Sunflower	14,478	15,404	15,650	16,314
United	15,893	18,010	19,024	19,911

KanCare MCO	IDD Unique Providers (with contract and credentialing complete as of 7/27/14) HCBS / TCM
Amerigroup	76%/ 92%
Sunflower	82%/ 93%
United	73%/ 83%

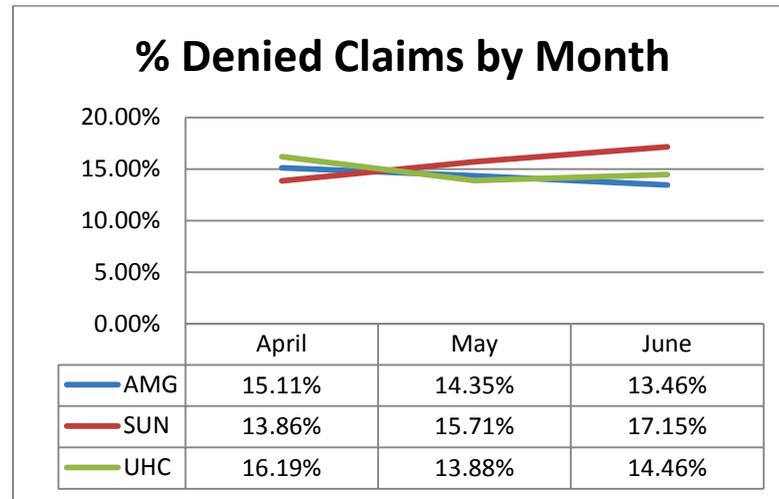
### KanCare Customer Service Report – Member (Jan- June)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:16	1.46%	80,255
Sunflower	0:19	2.53%	92,970
United	0:17	1.48%	82,768
HP – Fiscal Agent	0:12	1.4%	35,937

### KanCare Customer Service Report – Provider (Jan- June)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:41	0.87%	38,510
Sunflower	0:26	1.53%	59,788
United	0:10	0.33%	36,479
HP- Fiscal Agent	0:14	1.6%	46,041

## 2014 Denied Claims – Percentage by Month



## 2014 Denied Claims – Total Year to Date by MCO

Amerigroup – January Through June 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	23,313	4,631	19.82%
Hospital Outpatient	192,087	32,868	17.15%
Pharmacy	877,417	182,845	20.84%
Dental	67,365	7,088	10.52%
Vision	38,424	9,682	25.20%
NEMT	90,386	173	0.19%
Medical (Physical health not otherwise specified)	932,405	120,601	12.90%
Nursing Facilities	59,304	7,193	12.12%
HCBS	76,715	5,410	7.05%
BH	333,722	35,122	10.49%
<b>Total</b>	<b>2,691,138</b>	<b>405,613</b>	<b>15.07%</b>

Sunflower – January Through June 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	11,112	2,352	21.17%
Hospital Outpatient	116,263	15,661	13.47%
Pharmacy	1,441,160	319,684	22.18%
Dental	78,687	6,798	8.64%
Vision	46,191	5,891	12.75%
NEMT	66,843	349	0.52%
Medical (Physical health not otherwise specified)	637,012	71,674	11.25%
Nursing Facilities	45,691	3,873	8.48%
HCBS	161,923	4,428	2.73%
BH	296,862	13,385	4.51%
<b>Total</b>	<b>2,901,744</b>	<b>444,095</b>	<b>15.30%</b>

United – January Through June 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	15,178	3,100	20.42%
Hospital Outpatient	143,825	22,047	15.32%
Pharmacy	885,371	204,641	23.11%
Dental	69,148	8382	12.12%
Vision	34,722	5,267	15.17%
NEMT	60,128	369	0.61%
Medical (Physical health not otherwise specified)	843,781	99,361	11.77%
Nursing Facilities	50,759	4,025	7.93%
HCBS	146,072	8,062	5.51%
BH	191,288	16,935	8.85%
<b>Total</b>	<b>2,440,272</b>	<b>372,189</b>	<b>15.25%</b>

**Value Added Services and In Lieu Of Services (Summary of 2014 Value Added Services Used By KanCare Members -January-June 2014)**

Amerigroup	Members YTD	Total Units YTD	Total Value YTD	Sunflower	Members YTD	Total units YTD	Total value YTD	United	Members YTD	Total units YTD	Total value YTD
Adult Dental Care	1,047	1,730	\$187,145	CentAccount debit card	22,303	22,701	\$454,020	Total Additional Vision Services	4,781	5,505	\$268,790
Member Incentive Program	2,478	4,428	\$118,655	Dental visits for adults	4,297	12,883	\$242,713	Join for Me - Pediatric Obesity Classes	25	25	\$62,500
Mail Order OTC	4,248	4,357	\$71,616	Smoking cessation program	272	272	\$65,280	Adult Dental Services	902	902	\$48,640
Healthy Families Program	43	43	\$31,250	Start Smart	2,125	2,125	\$59,818	Annual Wellness Reminders	59,720	59,720	\$37,623
Pest Control	130	130	\$17,320	Disease and Healthy Living Coaching	15,301	15,284	\$39,892	Baby Blocks Program and Rewards	515	515	\$30,591
Smoking Cessation Program	70	148	\$15,642	Lodging for specialty and inpatient care	57	439	\$35,559	Peer Bridgers Program	152	152	\$26,460
Hypoallergenic Bedding	87	86	\$8,460	SafeLink®/Connenctions Plus cell phones	117	117	\$5,596	Weight Watchers - Free Classes	196	196	\$23,324
				In-home caregiver support/additional respite	18	1,507	\$4,896	Membership to Youth Organizations	425	425	\$21,250
				Community Programs for Healthy Children: Boys & Girls Clubs	250	250	\$3,750	Mental Health First Aid Program	101	101	\$8,995
				Hospital companion	3	625	\$2,031	Infant Care Book for Pregnant Women	660	660	\$8,580
				Meals for specialty and inpatient care	15	67	\$1,675	Asthma Bedding	72	72	\$3,744
								Additional Podiatry Visits	31	34	\$3,375
								KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	327	327	\$3,270
								Sesame Street - Food For Thought	76	76	\$2,660
								KAN Be Healthy Screening Birth to 30 months - Debit Card Reward	186	263	\$2,630
								New Member Dental Exam - Debit Card Reward	152	152	\$1,520
								Join for Me - Reward for Completion of Program	29	29	\$1,450
								New Member Vision Exam - Debit Card Reward	103	103	\$1,030
								Weight Watchers Reward -for Completing Classes	15	15	\$750
								Adult Biometric Screening - Debit Card Reward	49	49	\$735
								Coverage for Sports/School Physicals	10	10	\$648
								A is for Asthma	721	721	\$360
								Annual Vision Exam for Person with Diabetes - Debit Card Reward	4	4	\$80
								Annual Monitoring for Persistent Medications - Debit Card Reward	6	6	\$60
								Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	1	1	\$25
								Annual A1C Exam - Debit Card Reward	2	2	\$20
<b>GRAND TOTAL</b>	<b>10,623</b>	<b>13,474</b>	<b>\$454,418</b>	<b>GRAND TOTAL</b>	<b>38515</b>	<b>56,270</b>	<b>\$ 915,232</b>	<b>GRAND TOTAL</b>	<b>69,261</b>	<b>70,065</b>	<b>\$559,112</b>

**Summary of In Lieu Of Services Used By KanCare Members (January-June 2014)**

<b>Amerigroup</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>Sunflower</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>United</b>	<b>Members</b>	<b>Value of Services Avoided</b>
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	19	\$ 63,457	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	900	\$900,000	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	2,791	\$2,738,765
Non-Covered services including private nurse, telehealth, equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	14	\$ 43,406	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	19	\$ 359,920	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	34	\$5296.00
<b>Totals</b>	<b>25</b>	<b>\$ \$81,303</b>	<b>Totals</b>	<b>734</b>	<b>\$1,074,920</b>	<b>Totals</b>	<b>2,825</b>	<b>\$2,744,061.00</b>

## Member Grievances & Appeals (April-June2014)

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	168	26	
Number of grievances/appeals resolved:	178	25	
Number of grievances/appeals considered invalid:	3	5	
Average Days to complete each grievance/appeal:	13	14	
Total number of State Fair Hearings requested:			115
Number of upheld decisions at State Fair Hearing Level:			0
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	7	1
Number of health plan appeals reversed in the provider's favor:	0	0	80
Number of State Fair Hearings withdrawn:			4
Number of dismissals:	0	0	4
Number of default dismissals:			0
Number of Other dispositions:			0
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical Necessity Met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
None			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
1 Availability			
2 Quality of Care			
3 Billing and Financial issues			
4 Attitude/Service of Staff			
5 Timeliness / Other			

Sunflower- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	130	138	
Number of grievances/appeals resolved:	125	136	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	6	
Total number of State Fair Hearings requested:			61
Number of upheld decisions at State Fair Hearing Level:			4
Number of overturned decisions at State Fair Hearing Level:			1
Number of health plan appeals reversed in the member's favor:	N/A	53	0
Number of health plan appeals reversed in the provider's favor:	N/A	0	0
Number of State Fair Hearings withdrawn:			0
Number of dismissals:	N/A	N/A	21
Number of default dismissals:			3
Number of Other dispositions:			35
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical necessity met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
There was only 1 SFH over-turned and it was due to court felt support was needed.			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
1 Availability / Criteria Not Met-IP			
2 Timeliness/ Criteria Not Met- Medical Procedure			
3 Attitude/ Service Staff / Prior or Post Authorization			
4 Other/ Pharmacy			
5 Billing and Financial Issues/ Criteria Not Met-DME			

United-Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	206	53	
Number of grievances/appeals resolved:	206	53	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	15	
Total number of State Fair Hearings requested:			48
Number of upheld decisions at State Fair Hearing Level:			2
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	10	6
Number of health plan appeals reversed in the provider's favor:	0	0	9
Number of State Fair Hearings withdrawn:			14
Number of dismissals:	0	0	22
Number of default dismissals:			0
Number of Other dispositions:			0
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical necessity met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
Additional medical documentation was submitted for most cases that were reversed in member's favor. Member's Personal Care Attendant hours were reinstated in two cases.			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
1 Billing and Financial issues			
2 Timeliness			
3 HCBS			
4 Attitude/Service of Staff			
5 Pharmacy			

**Pay for Performance Measures – Year One (Summary of 2013 Performance per MCO to date)**

Subject	P4P Metric	AMG- Final P4P Calculation Complete at Year End			SUN-Final P4P Calculation Complete at Year End			UHC-Final P4P Calculation Complete at Year End		
		Total # Met	Total Standards	Payout (of .5% of capitation)	Total # Met	Total Standards	Payout (of .5% of capitation)	Total # Met	Total Standards	Payout (of .5% of capitation)
<b>Monthly</b>										
Claims Processing	- 100% of clean claims are processed within 20 days - 99% of all non-clean claims are processed within 45 days - 100% of all claims are processed within 60 days	0	<i>out of 12</i>	0.000	0	<i>out of 12</i>	0.000	0	<i>out of 12</i>	0.000
Encounters	Contractor meets all of the performance standards within 60 days from implementation date.	6	<i>out of 12</i>	0.250	6	<i>out of 12</i>	0.250	6	<i>out of 12</i>	0.250
Credentialing	- 90% providers completed in 20 days - 100% providers completed in 30 days	11	<i>out of 12</i>	0.458	1	<i>out of 12</i>	0.042	11	<i>out of 12</i>	0.458
Customer Service	- 98% of all inquiries are resolved within 2 business days from receipt date - 100% of all inquiries are resolved within 8 business days from receipt date	12	<i>out of 12</i>	0.500	12	<i>out of 12</i>	0.500	12	<i>out of 12</i>	0.500
<b>Quarterly</b>										
Grievances	- 98% of grievances are resolved within 20 days - 100% of grievances are resolved within 40 days	3	<i>out of 4</i>	0.375	4	<i>out of 4</i>	0.500	4	<i>out of 4</i>	0.500
Appeals	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	3	<i>out of 4</i>	0.375	3	<i>out of 4</i>	0.375	3	<i>out of 4</i>	0.375
		<b>Total</b>		<b>1.958</b>	<b>Total</b>		<b>1.667</b>	<b>Total</b>		<b>2.083</b>

out of 3%